Candidate's Name (pr	rint)	١
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Office

District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK.	CHECK / IF IN KIND
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District (if applicable)

Contributions of \$100 or Less

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CONTRIBUTION	CONTRIBUTION		CONTRIBUTION	CONTRIBUTION
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Can	didate	<i>'</i> 5	Name	(print)

Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	A Company of the Comp
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	Е	
Expenses related to consultants	Ė	
Expenses related to polling	G	
Expenses related to special events	н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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Candidate's Name (print)	Office	District (if applicable)	

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
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Candidate's Name (print)	Office	District (if applicable)
	Expenses of \$100 or Less	

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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